

North Carolina Department of Health and Human Services
Division of Public Health • Vital Records Unit
vitalrecords.dhhs.state.nc.us/vr

Mail: 1903 Mail Service Center
Raleigh, NC 27699-1903

Location: 225 North McDowell St.
Raleigh, NC 27603-1382

Application for North Carolina Death, Marriage, or Divorce Record

A Death, Marriage, or Divorce Certificate search costs \$24 and includes one copy if a certificate is located. The search covers a three-year period. This search fee is non-refundable. There is a fee of \$15 for each additional certificate copy requested from the same search. If you want same-day walk-in service, an additional \$15 expedited processing fee is required. Mail-in applicants may also receive expedited service. Include the \$15 expedite fee and write "Expedite" on the envelope. Expedited mail requests will be processed within two working days of receipt (please allow for additional mailing time or pay for overnight delivery). Make your certified check or money order payable to "NC Vital Records." Please do not send cash in the mail. Personal checks are not accepted. If you have questions, our telephone number is 919-733-3000.

Please Print

Death Certificate	Number of Copies Requested	Certified _____	Uncertified _____
Full Name of Deceased _____			
Date of Death (Month/Day/Year) _____		Age at Time of Death _____	Race _____
Location of Death (City or County) _____		Office Use Only Book _____ Page _____	
Date of Birth (Month/Day/Year) _____			

Marriage Certificate	Number of Copies Requested	Certified _____	Uncertified _____
Full Name of Groom _____			
Full Maiden Name of Bride _____			
Date of Marriage (Month/Day/Year) _____		Office Use Only Book _____ Page _____	
Location of Marriage (City or County) _____			

Divorce Certificate	Number of Copies Requested	Certified _____	Uncertified _____
Full Name of Husband _____			
Full Maiden Name of Wife _____			
Date of Divorce (Month/Day/Year) _____		Office Use Only Book _____ Page _____	
Location of Divorce (City or County) _____			

Your Relationship to the Person Whose Certificate is Requested: (Check one)

- | | |
|---|--|
| <input type="checkbox"/> Self | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Spouse (current) | <input type="checkbox"/> Authorized agent, attorney or legal representative of the person listed |
| <input type="checkbox"/> Brother/Sister | (Proof Required) |
| <input type="checkbox"/> Child | <input type="checkbox"/> Other (may not be entitled to a certified copy) |
| <input type="checkbox"/> Parent/Step-Parent | Specify _____ |

How do you plan to use this record?

I hereby certify that all the above information is true to the best of my knowledge. Note: It is a FELONY VIOLATION of North Carolina Law (G.S. 130A-26) to make a false statement on this application or to unlawfully obtain a certified copy of a vital record.

Signature of Person Applying for Certificate

Street Address or P.O. Box

City, State and Zip Code

Date

(Area Code) Telephone Number

Office Use Only

Identification furnished

Amount Received \$ _____